PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected maintenance fee notification	l below or directed oth	erwise in Block 1, by (a) specifying a new corres	spondence address; and/o	or (b) indicating a sepa	arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
22913	7590 03/07/	2007			•	mission
WORKMAN NYDEGGER (F/K/A WORKMAN NYDEGGER & SEELEY) 60 EAST SOUTH TEMPLE 1000 EAGLE GATE TOWER SALT LAKE CITY, UT 84111				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				(Depositor's name)		
SALI LAKE CII	1,0184111					(Signature)
			Ŀ			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	ORNEY DOCKET NO.	CONFIRMATION NO.
10/044,341	10/044,341 01/11/2002		Wayne A. Provost	14689.11		8023
TITLE OF INVENTION: 1	DELIVERING ELECT	RONIC VERSIONS OF	SUPPORTING DOCUME	NTS ASSOCIATED WI	TH AN INSURANCE	CLAIM
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	06/07/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
TOMASZEWSKI, MICHAEL		3626	705-004000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN P5, INC.	s an assignee is identi in 37 CFR 3.11. Comp	fied below, no assignee	4 71	atent. If an assignee is in assignment. and STATE OR COUN		ocument has been filed for
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government						
4a. The following fee(s) are submitted:			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-3178 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
NOTE: The Issue Fee and I interest as shown by the rec	Publication Fee (if reque cords of the United State	ired) will not be accepted es Patent and Trademark	d from anyone other than the Office.	ne applicant; a registered	attorney or agent; or th	e assignee or other party in
Authorized Signature/R. Burns Israelsen/ Reg. #42685				DateN	March 29, 2007	
Typed or printed name R. BURNS ISRAELSEN			Registration No. 42685			
This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313 Under the Paperwork Redu	ipplication form to the is for reducing this burd ginia 22313-1450. DO i-1450.	den, should be sent to the NOT SEND FEES OR C	depending upon the indivi- e Chief Information Office COMPLETED FORMS TO	Idual case. Any commen r, U.S. Patent and Trader O THIS ADDRESS. SEN	ts on the amount of the mark Office, U.S. Depa D TO: Commissioner f	ne you require to complete urtment of Commerce, P.O. for Patents, P.O. Box 1450,